

GUARDIANSHIP

4

Get a Permanent Appointment for a Minor

**Part 4: What to do after the Court Hearing
(Forms Packet)**

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SELF SERVICE CENTER

FOR APPOINTMENT OF A PERMANENT GUARDIAN FOR A MINOR

PART 4: WHAT TO DO AFTER THE COURT HEARING (Forms Only)

How to assemble these documents

This packet contains court forms about what to do after the hearing on a permanent appointment of a guardian of a minor. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGM9ft	Table of forms in this packet	1
2	PBGM9k	Checklist for <i>“Appointment of a Permanent Guardian.”</i>	1
3	PBGCG92f	<i>“Annual Report of Guardian”</i>	3
4	PBGCF93f	<i>“Fee Statement (Local Rule 5.7) and Proof of Mailing”</i>	2

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SELF SERVICE CENTER

WHAT TO DO AFTER YOU ARE APPOINTED GUARDIAN FOR A MINOR

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed guardian for a minor, or you expect to be, AND
- ✓ You need to know what to do after you are appointed.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Your Name: _____
Your Address: _____
Your City, State and Zip Code: _____
Your Telephone Number: _____
Guardian for Ward: _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of:

Case Number PB _____

(Name of Ward)

ANNUAL REPORT OF GUARDIAN

DUE _____
MO DAY YR

PERIOD FROM _____ TO _____
MO DAY YR MO DAY YR

Instructions to Guardian: Arizona law (A.R.S. 14-5209(4) and 14-5315) requires every guardian of an adult or minor ward to advise the court each year regarding their Ward. Please complete this report each year on the anniversary date of your appointment as guardian. When complete, mail the report to: Probate Court Administration: 125 West Washington, Phoenix, Arizona 85003. You must also mail a copy of the report to anyone else who has appeared in the case. This includes the Ward's attorney, if the Ward is represented by an attorney. If the Ward is not represented by an attorney, you must mail a copy to the Ward, if he or she is at least 14 years old. You must also fill out the Affidavit of Mailing at the end of the report to show the names and addresses of all the people to whom you mailed the report and the date on which you mailed it. (If necessary additional pages may be attached.)

I am the Guardian and make these statements:

1. This annual report covers the period from _____ to _____ and is due on _____.
(Write in month-date-year format, e.g., 01-01-2001):

2. Information about the Ward.

Ward's Name: _____
Ward's Date of Birth: _____ Telephone: _____
Ward's Address: _____
Ward's Telephone: _____

3. Information about where the Ward lives.

- A. Describe the residential situation where the Ward lives (private home, boarding home, nursing home, etc.)

- B. Give the name of the facility, address, name and telephone number of the person in charge of the home or facility.

Name of Person in Charge or Facility: _____

Address: _____

Telephone Number: _____

4. Information about the Ward's Doctor.

Ward's Current Doctor: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

5. Information about the Ward's physical and mental health.

A. Date the Ward was last seen by a doctor: _____

- B. Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.

C. Attach a copy of the doctor's report about the Ward's current physical and mental condition.

6. Information about the Ward's Guardian.

Guardian's Name: _____

Guardian's Address: _____

Guardian's Telephone Number: _____

7. Information about the Guardianship.

Number of times the Guardian has seen the Ward in the last 12 months: _____

Date of the last visit: _____

The Guardian's opinion about whether the guardianship should continue: (Explain.)

8. Information about the person responsible for managing the Ward's assets:

Name of person responsible for managing Ward's assets: _____

Address: _____

Telephone Number: _____

9. Information about State, County or Federal Agency Services: Does the Ward receive any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.

DATED: _____

Print Guardian's Name

Signature of Guardian

AFFIDAVIT OF MAILING: I promise I mailed this Annual Report of Guardian to the following people at the following address(es) on this date: _____

(Month/Day/Year)

[illegible]

(Signature of Person Mailing Document)

Name of Person Filing Document: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the (check one or both)
☐ Guardianship and/or ☐ Conservatorship of

Case Number: PB _____

FEE STATEMENT (LOCAL RULE 5.7) AND PROOF OF MAILING

_____ ☐ an Adult or ☐ a Minor

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____
TOTAL CHARGE

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____